| Change in Company's | s premium or | rate | level | produced | by | rate |
|---------------------|--------------|------|-------|----------|----|------|
| revision effective | 2/16/2009 | | | | • | |

| (1) | (2) Annual Premium | (3) Percent |
|--|-----------------------|-------------------|
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | 0.00% |
| 13. Commercial Multi-Peril | 9,520,755 | -0.02% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Hille of Hibarance

Does filing only apply to certain territory (territories)or certain classes?

If so, specify: With this filing, we have modified our territorial definitions.

The first change was to move the counties of Champaign, Macon and McLean from Territory 15 (remainder of state) to Territory 14. This was done to group those counties with the counties already in Territory 14, which include larger urban/suburban areas than the remainder of the counties in Territory 15. The second change was to split the remaining counties in Territory 15 into an eastern territory (15) and a western territory (17) for competitive purposes. Please see the Illinois Territory

page (T-1) for the new definitions.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing we are implementing a total non-optional rate level change of -0.02% and a revision to the occupancy classifications for the retail, service and wholesale programs.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

| Allstate | Insurance | Company |
|----------|-----------|---------|
| | | |

Name of Company

INS00106

FORM (RF-3)

| Change in | Company's premiun | n or rate level pro | duced by rate revision |
|-----------|-------------------|---------------------|------------------------|
| Effective | 01/01/2009 | | |
| | | (2) | (0) |

| (1) | (2) | (3) |
|---|--------------------------------|--------------------------|
| · / | Annual Premium | Percent |
| Coverage | <u>Volume (Illinois)*</u> | <u>Change (+ or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | and the second |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 48,288,520 | -0.2% |
| 14. Crop Hail | | |
| 15. Other | | |
| | | |
| Does filing only apply to certain territo | ry (territories) or certain cl | lasses? No |
| If so, specify: n/a | | |

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are filing to extend applicability of our "multiple location premium dispersion credit" to all 1-2 unit rental dwellings. Currently, this credit does not apply to 1-2 unit dwellings other than condominium associations. The estimated premium impact of this change on our Businessowners and BOP Rental Dwelling book of business is -0.2%.

**Change in Company's premium level which will result from application of new rates.

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company Christa Adler Competitive Pricing Research Analyst Official – Title

^{*} Written Premium - Adjusted to reflect all prior rate changes (Use calendar year-end premium from Premium Accounting Summary of QOR)

FORM (RF-3)

| Effective NB 12/1/2008, (1) | (2) Annual Premium | (3) Percent |
|--|---------------------------------------|--|
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automobile Liability | | A Company of the Comp |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | | |
| Commercial | · · · · · · · · · · · · · · · · · · · | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | The second secon |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | The series of th |
| 13. Commercial Multi-Peril | 47,830,235 | +9.5% |
| 14. Crop Hail | | |
| 15. Other | | |

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are filing revisions for our Businessowners Policy (BOP) which result in an overall average change of +9.5%. The indicated change is +14.5%.

* Written Premium - Adjusted to reflect all prior rate changes (Use calendar year-end premium from Premium Accounting Summary of QOR)

**Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

NOV 1 0 2008

SPRINGFIELD, ILLINOIS

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company Christa Adler Competitive Pricing Research Analyst Official - Title Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate le | vel produced by rate revision effective | 1 01-01-2009 |
|-------|---|---|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | \$ 33,874 | 0.90% |
| | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Doe | es filing only apply to certain territory (| territories) or certain classes? If so, specify: | Only applicable to Wineries |
| Filin | g allows for the purchase of increased limits for | rates of an advisory organization, specify org various coverages relevant to wineries. Purchase of the | |
| disc | retion of the insured. It is not compulsory. | | |
| | ljusted to reflect all prior rate changes hange in Company's premium level w | hich will result from application of new rates. | |
| | | | nsurance Companies |
| | | Na | ame of Company |
| | | Elizabeth M | auro - Actuarial Consultant |
| | | | Official – Title |

RECEIVED

NOV 1 7 2008

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) Division of insurance Apringfield

Change in Company's premium or rate level produced by rate revision effective July 1, 2009

| | (1) | (2) | (3) |
|--------|-----------------------------|----------------------------|-------------------|
| | | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -)** |
| 1. Au | tomobile Liability | | |
| | Private Passenger | | <u> </u> |
| (| Commercial | | |
| 2. Au | tomobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. Li | ability Other Than Auto | | |
| 4. Bu: | rglary and Theft | | |
| 5. Gl | | | |
| 6. Fi | delity - | | |
| 7. Su | - | | |
| | iler and Machinery | | |
| 9. Fi | | | |
| 10. Ex | tended Coverage | | |
| | land Marine | | |
| 12. Ho | meowners | | |
| 13. Co | mmercial Multi-Peril | \$481,462 | -5.2% |
| 14. Cr | op Hail | | |
| 15. Ot | | | |
| | Line of Insurance | | |
| | | | |
| Desc f | iling only apply to certain | territory (territories)or | certain classes? |
| | specify: N/A | cerricory (cerricories) or | Corcari orabbob. |
| 11 50, | specity. N/A | | |
| | | | |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are filing revisions for all policies effective on and after July 1, 2009.
Please withdraw our current Commercial Property loss cost multiplier and replace

Commercial Property 1.35

it with the following.

We would also like to adopt the loss costs and rule revision in ISO Reference File Number CF-2008-RLA1 and CF-2008-RTERU. We would like the adoption date of the ISO loss costs and rule revision to be the same as the effective date of our loss cost multiplier.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

| CUMIS | Name of C | ompany | • |
|-------|-----------|--------|---|
| Fer | lie D | Suboda | , |

Vice President, Underwriting Commercial Lines

Official - Title

| Change in Company's premium revision effective 04/01/2 | n or rate level produced b | by rate |
|---|---------------------------------|------------------------------|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage | | |
| 11. Inland Marine | | • |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril 14. Crop Hail 15. Other | 1,333,406 | -2.8% |
| Does filing only apply to certain If so, specify: No | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization) | filing follows rates of a | an advisory are uniformly |
| decreasing our package modification | on factors for all classes | s (except schools |
| and financial institutions) by 3.2 | | |
| * Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new | rate changes. rel which will | |
| , | | |
| | Graphic Arts Mutual Insu | |
| | Name of Compa | ny · |
| | George T. Dodd, Vice Pres | |
| | Official - Tit | ile. |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | ite level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 12/01/2008 | • |

| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|--|--|---|
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | 3 | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | \$2,418,016 | +1.28 |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| Does filing only apply to cer Classes? If so, | rtain territory (territories) o | or certain |
| specify: Yes, | it applies to Farm Implement [| Dealers & Vintner only. |
| | | · |
| Brief description of filing. (I | filing follows rates of an | advisory |
| Organization, specify | Navi saaskat niahaa | |
| organization): | New market niches. | |
| | | |
| *Adjusted to reflect all prior | rate changes | |
| **Change in Company's pre | | ult from application of nev |
| rates. | 11-45 | Imax |
| | | Insurance Company |
| | N Agnes Karas Pro | ame of Company |
| | | |

and the state of t

| Change in Company's premiurevision effective 04/01/2 | m or rate level produced b | by rate |
|---|----------------------------|-----------------------------|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | 799,946 | -2.8% |
| 13. Commercial Multi-Peril 14. Crop Hail | 199,940 | 2.00 |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: No | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organizatio | filing follows rates of a | n advisory are uniformly |
| decreasing our package modificati | on factors for all classes | s (except schools |
| and financial institutions) by 3. | | |
| * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | vel which will | |
| | Republic-Franklin Insur | ance Company |
| · | Name of Compa | |
| | | |

George T. Dodd, Vice President/Actuary
Official - Title

| | Change in Company's premium or ra | ate level produced by rate revision effect | ive 03-01-09 |
|-------|--|---|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | 1,619,104 | -0.4% |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| oes 1 | iling only apply to certain territory (| territories) or certain classes? If so, spe | cify: |
| | | <u> </u> | |
| No | | | |
| | | | |
| rief | description of filing. (If filing follow | vs rates of an advisory organization, spe | cify organization): |
| A .1: | oting our Class of Business (COB) I | · · · · · · · · · · · · · · · · · · · | |
| laju | sting our Class of Business (COB) F | actors | |
| * C | djusted to reflect all prior rate chang hange in Company's premium level sult from application of new rates. | | |
| | | | |
| | | | elective Insurance Company of outh Carolina |
| | | | |
| | | <u>s</u> | outh Carolina Name of Company |
| | | <u>s</u> T | outh Carolina |

| (| Change in Company's premium or a | rate level produced by rate revision effecti | ve 03-01-09 |
|---------|---|---|-------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| 1. | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | <u> </u> |
| 5. | Glass | - | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | 642,695 | -0.7% |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| . , | | (i) 1 0 IC | 16 |
| oes t | iling only apply to certain territory | (territories) or certain classes? If so, spec | erry: |
| No | | | |
| NO | | | |
| -: -c . | description of filing (If filing follo | ws rates of an advisory organization, spec | rify organization): |
| sriei (| rescription of filing. (If filing folio | ows rates of an advisory organization, spec | my organization). |
| A din | sting our Class of Business (COB) | Factors | |
| Auju | sting our class of Business (COD) | 1 detois | |
| | | • | |
| * A | djusted to reflect all prior rate chan | ges. | |
| | hange in Company's premium level | | |
| re | sult from application of new rates. | | |
| | | | |
| | | | |
| | | 5 | |
| | | | elective Insurance Company of |
| | | <u>th</u> | e Southeast |
| | | | Name of Company |
| | | | |
| | | | |
| | | т, | racy Potter |
| | | | ate Filing Specialist |
| | | | Official - Title |
| | | | · |

| Change in Company's premiu revision effective 04/01/2 | | by rate |
|---|-----------------------------------|------------------------------|
| (1) | (2) | (3) Percent |
| Coverage | Annual Premium Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | · | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 1,207,633 | -2.8% |
| 14. Crop Hail | | |
| 15. Other Line of Insurance | | |
| Does filing only apply to certain If so, specify: No | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization) | filing follows rates of a | an advisory are uniformly |
| decreasing our package modification | on factors for all classes | s (except schools |
| and financial institutions) by 3. | 2%. | |
| * Adjusted to reflect all prior s ** Change in Company's premium lev result from application of new | vel which will rates. | |
| | Utica Mutual Insuranc | |
| | Name of Compa | ny |
| | George T. Dodd, Vice Pres | |
| | Official - Tit | le |